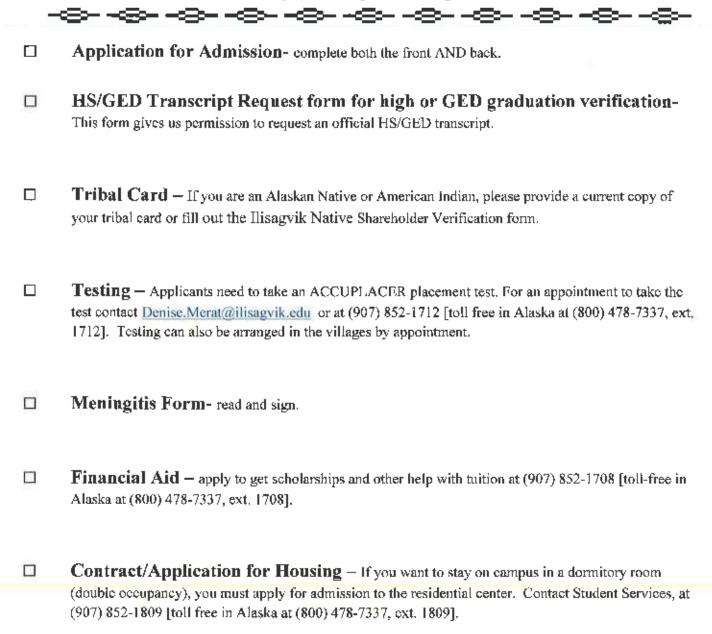


# **ADMISSIONS CHECKLIST**



For questions or help, please contact the office of the Registrar / Admissions at (907) 852-1754 [toll free in Alaska at (800) 478-7337, ext. 1754] or via e-mail at registration@ilisagvik.edu.





☐ ACCUPLACER ☐ ACT

## APPLICATION FOR ADMISSION

Office of the Registrar/Admissions P.O. Box 749 Barrow, AK 99723 Photie: 907.852.1754 or 1757 Fax: 907.852.1784

registration@ilisagvik.cdu PLEASE PRINT CAREFULLY - Complete all information requested below. Office Use Only Received Date: Summer Fall Semester (Check One): Spring Year 20 Last Name First Name Middle Previous Names Male Female Date of Birth (mm/dd/yyyy) Social Security Number MAILING ADDRESS: City Zip Code Address State E-mail Address Work Phone Cell Phone Home Phone ☐ Single without children ☐ Single with children ☐ Married without children ☐ Married with children Marital Status: Did your parents or guardians graduate from a four-year college or university? 

— Yes □ No Shareholder of any Alaska native Corporation Tribe member Are you: Name of Corporation or Tribe (Provide Verification) Can you speak American Indian or Alaskan Native Languages?: Conversational ☐ Fluent □ None Limited ☐ American Indian ☐ Asian Caucasian Ethnic Origin: (Check One) ☐ Alaskan Native ☐ African American Pacific Islander. □ Other ☐ Hawaiian ☐ Hispanic Alaska Resident: ☐ Yes (I Year) ☐ No Citizenship: □ U.S. Citizen □ Nonresident Alien \*Please Provide Verification Active Military: ☐ Yes ☐ No If no, are you veteran: ☐ Yes ☐ No. Enrollment Status: (Cheek One) ☐ Part-Time - 1 to 6 credits ☐ Part-Time - 7 to 11 credits ☐ Full -Time - 12 or more credits Housing: ☐ I plan to live off campus I would like student dormitory housing (housing application needed) EDUCATION LEVEL COMPLETED Please have transcripts of all past schools attended, including proof of high school graduation or G.E.D. certificate, sent to Hisagvik. ☐ High School Graduate Date: Name of School: ☐ G.E.D. Certificate Completion Site: Date: ☐ Associate Degree □ Bachelor Degree Master's Degree TEST TAKEN: Please have results of test sent to Ilisagvik College Office of the Registrar.

 $\square$  SAT

□ Other::



## APPLICATION FOR ADMISSION

#### COLLEGES AND UNIVERSITIES ATTENDED LIST BELOW.

Please request an official transcript from each college or university attended.

College/University Name	City and State	Dates Attended	Degree carned	Date of Award
SELECT A PROGRAM OF STUDY (CHOOSE O				
*Allied Health Program		iness - Business & N		IDL
☐ Allied Health Certificate		Business Specialist		
<ul> <li>Allied Health Associate of Science</li> </ul>		Business Specialist		
☐ Human Services (Emphasis) Associate of Arts		Business and Mana	_	
<ul> <li>Medical Coding Specialist Certificate</li> </ul>		Entrepreneurship/S		
		Entrepreneurship/S		
Associated Construction Trades Program		Bachelors of Busin	iess Administration	**
☐ Carpentry, Level I Endorsement				
☐ Construction Management Endorsement		ergency Services Pro		
☐ Electrical, Level I Endorsement		Emergency Services		
☐ Pipefitting, Level I Endorsement		Emergency Service:		
<ul> <li>Pipeline Insulation, Level I Endorsement</li> </ul>		Municipal Fire Con	trol Certificate	
□ Plumbing, Level I Endorsement				
<ul> <li>Scaffolding, Level I Endorsement</li> </ul>		vy Truck and Equip		Program
<ul> <li>Welding Materials Technology Endorsement</li> </ul>		Heavy Truck Opera		
<ul> <li>Construction Technology I Certificate</li> </ul>		Heavy Equipment C	Operations Endorsen	nent
<ul> <li>Construction Technology II Certificate</li> </ul>				
☐ Construction Technology Associate of Applied S		ustrial Safety Progr		
		Industrial Safety Lo	vel I Endorsement	
Behavioral Health Program				
☐ Behavioral Health Aide Certificate		rmation Technolog		
☐ Behavioral Health Aide Associate of Applied Science		Information Techno	***	
		Information Techno	ology Support Speci-	alist II Certificate
Business - Accounting Program				
☐ Accounting Technician II Certificate		piaq Studies Progra		
☐ Accounting Associate of Applied Science		Iñupiaq Fine Arts C		
Business - Office Management Program		Iñupiag Language I		
☐ Office Management I Certificate	L	Iñupiaq Studies Ass	sociate of Aris	
Office Management II Certificate				
☐ Office Management Associate of Applied Science		igenous Education I	_	
Office Management (Medical Emphasis) Associa	ite of $\  \  \  \  \  \  \  \  \  \  \  \  \ $	] Indigenous Educat		
Applied Science	Ε	] Indigenous Educati	ion Associate of Art	'S
☐ Medical Office Management I Certificate				
<ul> <li>Medical Office Management II Certificate</li> </ul>		eral Arts Program		
	_	J.iberal Arts Certif		
AK Dental Therapy Education Program		Liberal Arts Assoc	iate of Arts	
Dental Health Aide, Certificate				
☐ Dental Health Therapy Associate of Applied Sci		is additional admissione details.	ons request please ca	ill 852-1754 for

All applicants must read and sign the following certification: I hereby certify that the information furnished in this application is true and complete to the best of my knowledge. I understand that false or misleading information provided herein may lead to my suspension or expulsion. I agree to abide by all the rules of Hisagvik College upon corollment.

Applicant's Signature:

Date:



## MENINGITIS Know Your Risk Learn About Vaccination

#### Important Notice:

Information in this bandout has been gathered from the Alaska Postsecondary Student Immunization Act (HB185), signed into law effective May 18, 2005. Additional information was gathered from the Alaska Department of Health and Social Services' Division of Public Health and the Web site of the American College Health Association at http://www.acha.org/projects\_programs/meningitis. The Alaska Commission on Postsecondary Education (ACPE) cannot provide medical information and is not responsible for any medical information provided to schools or to students. For questions specific to meningitis, immunization, and related diseases, please consult a qualified medical professional.

#### Did you know?

- Meningococcal disease is a contagious but largely preventable bacterial infection that most often leads to meningitis, an inflammation of the membranes surrounding the brain and spinal cord, or a condition called meningococcal septicemia, which is an infection of the blood.
- Meningococcal disease is caused by bacteria called Neisseria meningitidis that are spread
  person-to-person through the air (usually by sneezing or coughing), through direct contact with an
  infected person, such as oral contact with shared items like eigarettes or drinking glasses, or
  through intimate contact, such as kissing. This disease is not as contagious as things like the
  common cold or the flu, and it is not spread by casual contact or by simply breathing the air
  where a person with meningitis has been.
- Meningococcal disease is a serious illness that can lead to death within a few hours of onset;
   one out of ten cases is fatal, and in one out of seven survivors it can lead to severe and permanent disabilities, such as brain damage, hearing loss, seizures, or limb amputation.

#### What are the symptoms of meningococcal disease?

High fever, headache, and stiff neck are common symptoms of meningitis in anyone over the age
of 2 years. A rash may also develop over parts of the body, or the entire body. Other symptoms
include nausea, vomiting, discomfort looking into bright lights, confusion, and sleepiness. These
symptoms can develop over several hours, or they may take 1 to 2 days. As the disease
progresses, seizures may develop. If you notice these symptoms – in yourself, friends, or others –
you should contact your college health service or local hospital immediately.

#### Who is at risk for meningococcal disease?

Anyone can get meningococcal meningitis, but scientific evidence suggests that college freshmen
living in campus housing are at moderately increased risk to get this disease when compared to
the general college population. The reasons for this increased risk are still not known for certain,
but factors may include such things as crowded living situations, bar patronage, active or passive
smoking, irregular sleep patterns, and sharing personal items.

 Other risk groups include infants and young children, household contacts to a person with meningococcal disease, refugees from parts of the world with high rates of meningococcal disease, laboratory workers who work with this bacteria, and military recruits.

#### Are there vaccines against meningococcal disease?

Yes, there are two safe and effective vaccines that protect against four strains of the bacteria that
cause meningoeoccal disease – serogroups A, C, Y, and W135. Immunization against
meningoeoccal disease will decrease the risk of contracting the illness from these meningoeoccal
strains.

#### How can meningococcal disease be prevented?

- Many cases of meningococcal disease can be prevented. The Centers for Disease Control and
  Prevention and the American College Health Association recommend that all first-year students
  living in residence halls be vaccinated against meningococcal disease. All other college students
  under the age of 25 years who wish to reduce their risk for the disease may choose to be
  vaccinated.
- Vaccination is safe and effective. It protects against four of the five most common strains (or types) of bacteria that cause meningitis. Approximately 70 to 80 percent of cases in the college age group are caused by strains that are potentially vaccine-preventable. The most commonly reported adverse reactions among adolescents and adults in clinical studies were pain at the injection site, headache, and fatigue. These respond to simple measures (ibuprofen or acetaminophen) and resolve spontaneously within a few days.

#### For More Information

To learn more about meningitis and immunization, visit the websites of the American College Health Association, www.acha.org/meningitis, and the Centers for Disease Control and Prevention, www.cdc.gov/ncidod/diseases/submenus/sub meningitis.htm.

I have received a copy of this noti	ice on meningococcal disease.	
I have received an immunization a	against meningococcal disease.	
Student Name		
Student Signature	Date	



#### SHAREHOLDER AUTHORIZATION TO RELEASE INFORMATION

Dear Student/Participant:

Ilisagvik College is an accredited institution and one of 37 tribal colleges nation-wide. As a federally

recognized tribal college, the College receive provide proof that a certain percentage of th or part of another First Nations People. You	ne student body is American India:	n, Alaska Native, Hawaiian
meets that criterion.	This made serves only to verily	
Thank you.		
Birgit Meany, Ed.D.		

Dean of Academic Affairs

By completing the informational items below, I hereby authorize the corporation indicated below to provide llisagvik College with a verification of my enrollment as a shareholder.

☐ Arctic Slop ☐ Bristol Ba ☐ Chugach A ☐ Doyon, Lin	orporated pe Regional Corporation y Native Corporation Alaska Corporation mited gional Corporation	<ul> <li>□ Aleut Corpor</li> <li>□ Bering Strait</li> <li>□ Calista Corpo</li> <li>□ CIRI</li> <li>□ Koniag, Inc.</li> <li>□ SEALASKA</li> </ul>	s Native Corporation
Chugach Alaska	Aleut Doyon	Limited NAN	A *STALANKA
First Name (Print)	Last Name (Print)	Social Security #	Date of Birth
Signature of Shareho	older and/or Custodian of Rec	cord for Minor	Date
Phone Number	E-mail address		



Office of the Registrar/Admissions P.O. Box 749 Barrow, AK 99723 Phone: 907,852,1754 or 1757 Fax: 907,852,1784

### HIGH SCHOOL TRANSCRIPT REQUEST

Student's Name:			SS#
	(Last)	(first)	(Middle)
Former Name(s):			Birthdate:
Phone #	Email A	ddress:	
		LEADNED VOLD HIE	CHECHOOL DIN OMA.
			GH SCHOOL DIPLOMA:
Address	:		
Addiess			
Phone		Fax:	
Date You Graduated:			
Last Date You Attended			
Please send a certified	official high school tra	anscript record to:	
Office of the Registrat	/Admissions		
llisagvik College P.O. Box 749			
Barrow, AK 99723			
•			
Signature:			Dute:

<sup>\*\*</sup> To request GED, please contact Donna Collins (907) 465-4685 P. (907) 465-4186 F or email her @donna.collins@alaska.gov